

Name
in
Full

Tollie Bain

CERTIFICATE OF DEATH

Died at ^{Town} near Pocomoke^{County} Worcester

MARYLAND

Date of death 1907 Dec

Day 5

Age 77

Months

Days

Sex Female

Color or Race White

Birth-place Maryland

Occupation Housewife

Where Residing if not at place of death at place of death

Married, Single or ~~Married~~

Name of Wife or Husband

George Bain

Father's Name Isaac Harris

Father's Birthplace Worcester Co Md

Mother's Maiden Name Sallie Long

Mother's Birthplace Worcester Co Md

Name of person giving Information

G. C. A. Bayne

How related to deceased Husband

CAUSES OF DEATH

29

Primary Tuberculosis of bowels

How long Two years

Immediate Inanition & failure of vital forces

How long Gradual failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

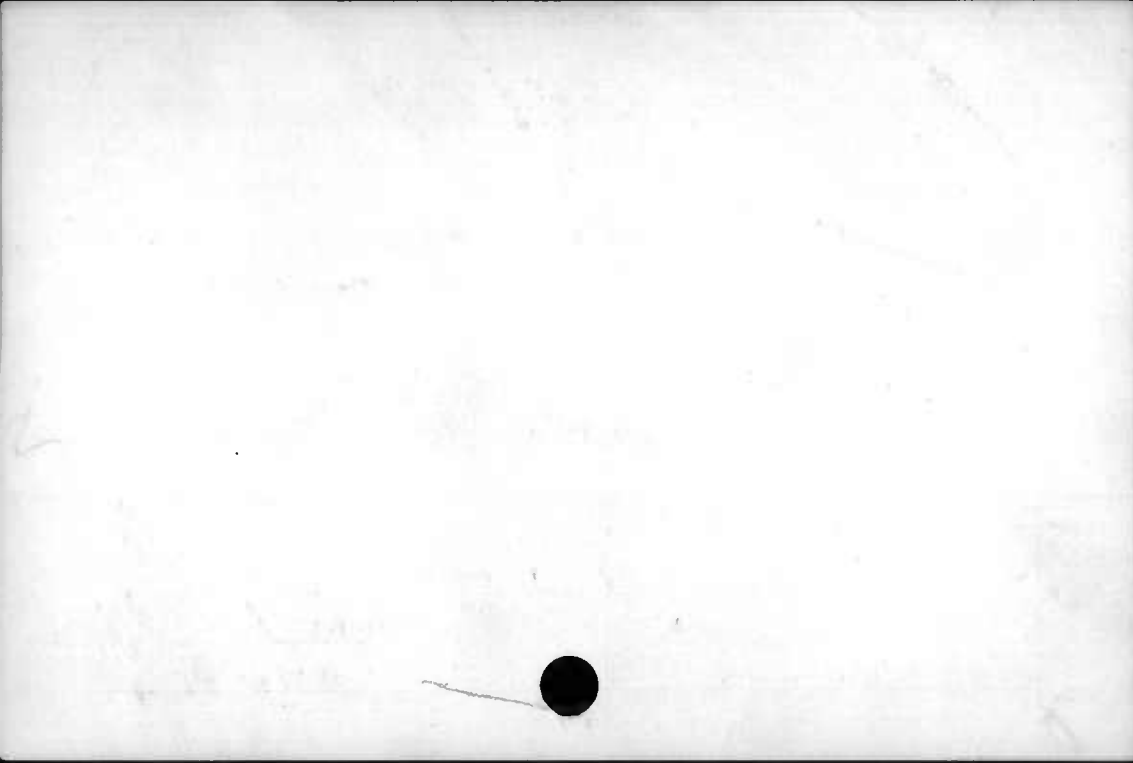
F. T. Bosten

Address

Pocomoke City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Joshua R Bevans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

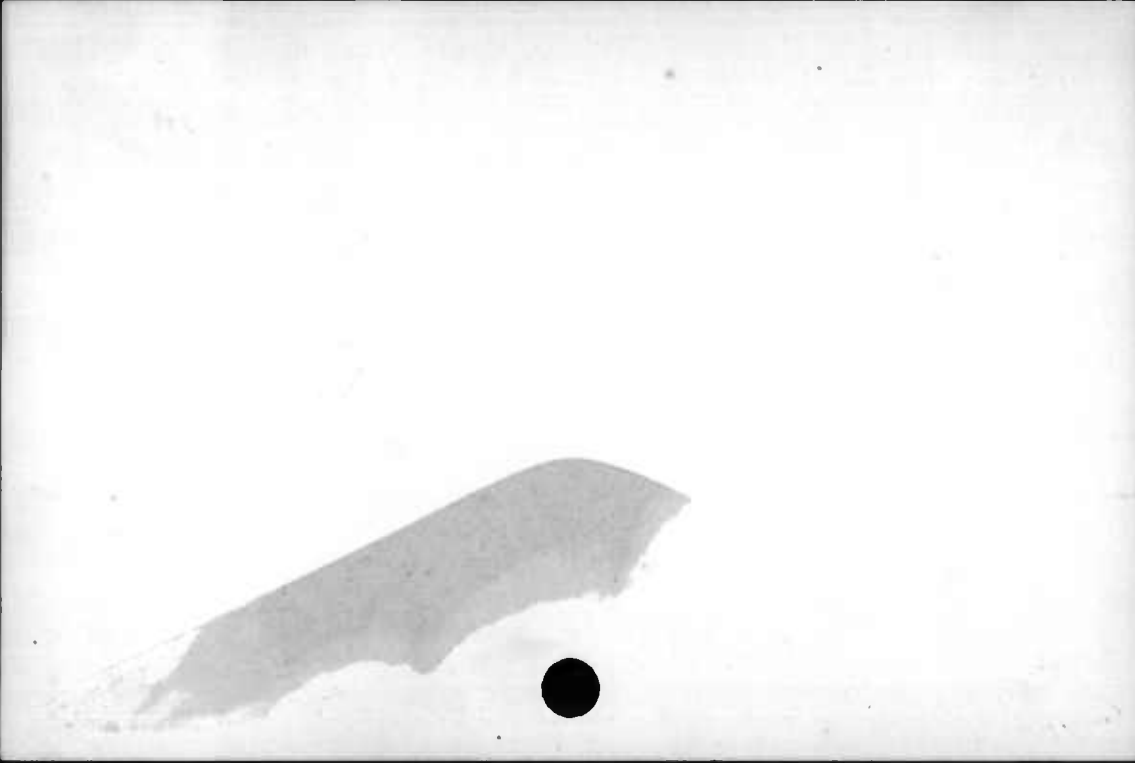
Died at ^{Town} <i>Pocomoke</i>		^{County} <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	<i>Dec</i>	Day	9
Age	73	Years		Months	11
				Days	28
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birthplace	<i>Worcester Co Md</i>				
Occupation	<i>Retired from business</i>				
Where Residing if not at place of death			<i>at place of death</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Martty H Sturgis</i>		
Father's Name	<i>Joshua Bevans</i>		Father's Birthplace	<i>Worcester Co Md</i>	
Mother's Maiden Name	<i>Patsy Silverthorn</i>		Mother's Birthplace	<i>Worcester Co Md</i>	
Name of person giving Information	<i>Robert Bevans</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>5 days</i>
Immediate	<i>Failure of vital forces</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Frank J Borton</i>
		Address	<i>Pocomoke Md</i>
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Dr. E. Bruthigham
 Died *near Libertytown* ^{Town} *Worcester* ^{County}

Date of death *1907* ^{Month} *Dec* ^{Day} *16* ^{Years} *67* ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Unknown*

Father's Name *Wm Bruthigham* Father's Birthplace *MD*

Mother's Maiden Name *Unknown* Mother's Birthplace *MD*

Name of person giving information *Severell H. Bruthigham* How related to deceased *Son*

CAUSES OF DEATH

179

Primary *Heart-Failure* How long *3 hours*

Immediate

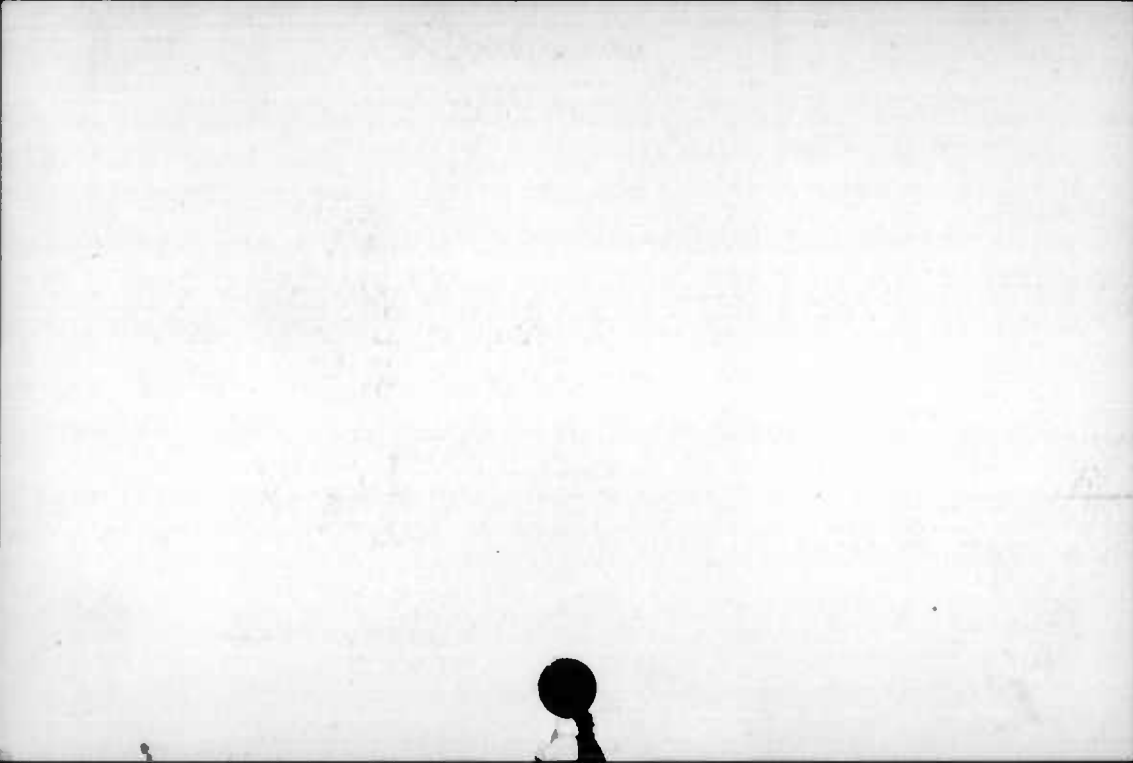
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Physician*

Address

D. A. Massey M.D.

Accident or Suicide?



Name
In
Full

Infant Clark.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

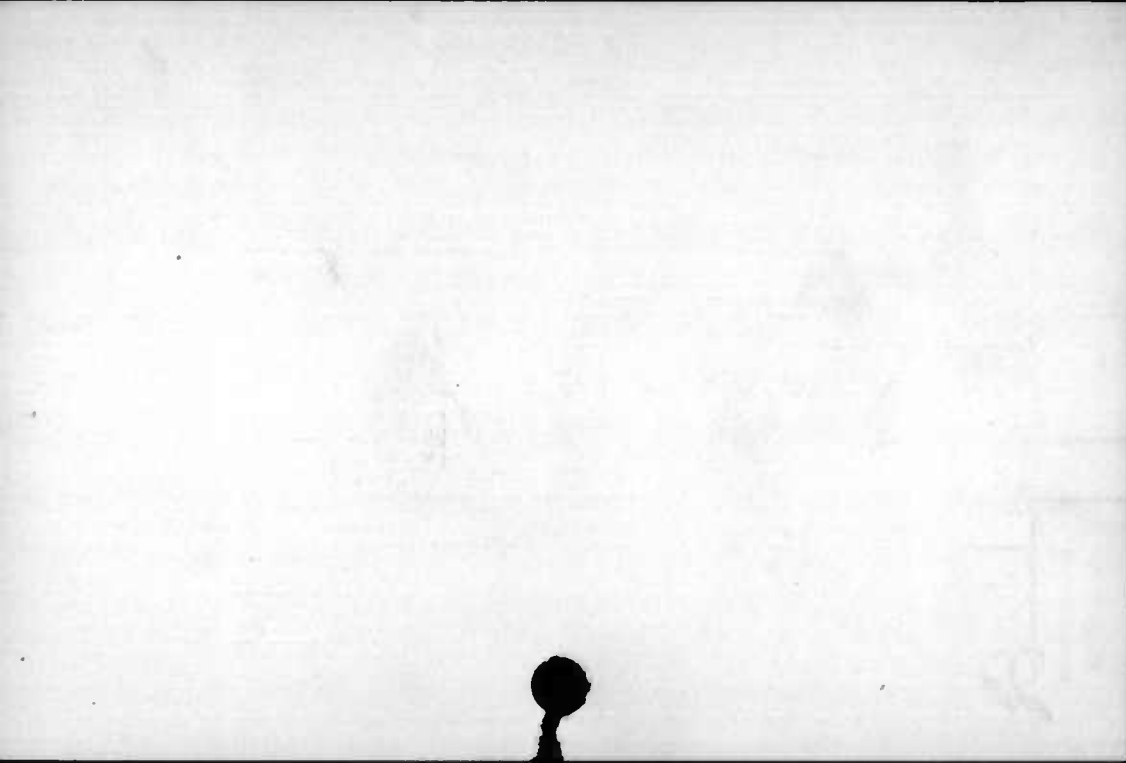
Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	190 <u>7</u> Month <u>Dec</u>	Day <u>1</u>	Age <u>—</u> Years	Months <u>—</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edward E. Clark</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Lula E. Pusey</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Edward E. Clark</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<u>Immature birth, (7. mos)</u>		How long	<u>6 days</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Paul Jones</u>		
		Address <u>Snow Hill Ind</u>		
Accident or Suicide?				



Name
in
Full

Edward 2 Clagville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

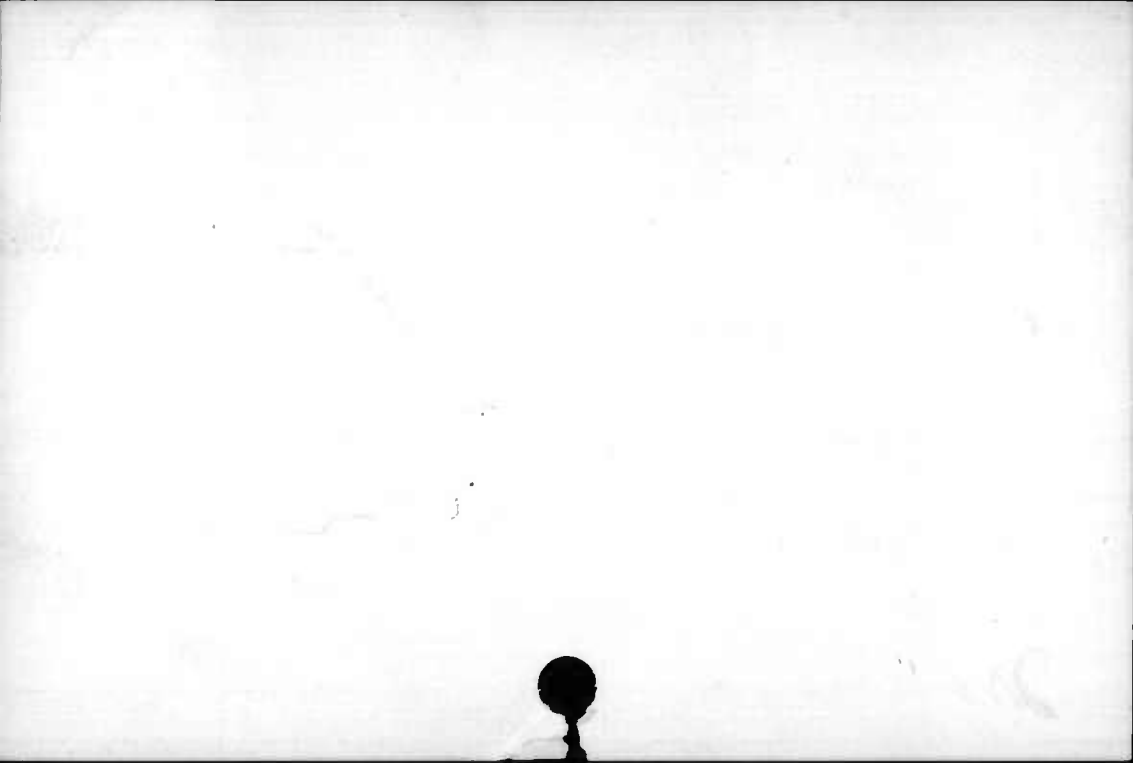
Died at <i>Stockton</i> ^{Town}		<i>Worcester</i> ^{County}		<i>state</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>12</i>	Day	<i>2</i>	Age	<i>79</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Carpenter</i>			Where Residing if not at place of death		<i>Maryland</i>	
Married, Single or Widowed				Name of Wife or Husband		<i>Sally L Bowen</i>	
Father's Name	<i>John Clagville</i>			Father's Birthplace		<i>Maryland</i>	
Mother's Maiden Name	<i>Sgt. Kury</i>			Mother's Birthplace		<i>"</i>	
Name of person giving information	<i>Edward Clagville</i>			How related to deceased		<i>Son</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>2 yrs.</i>
Immediate	<i>Uremia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John D. Dickerson</i>
		Address	<i>Stockton Worcester led.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Joseph Collins* Town *Near Snow Hill* County *Worcester*

Died at *Near Snow Hill*

Date of death *1907* Month *12* Day *2* Age *52* Years Months *✓* Days *✓*

Sex *Male* Color or Race *Caucasian* Birth-place *Delaware*

Occupation *Laborer* Where Residing if not at place of death *at Place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *Hester Collins*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *E. J. Brockley* How related to deceased *Not at all*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular Dis. of Heart* How long *5 or 6 years*

Immediate

How long

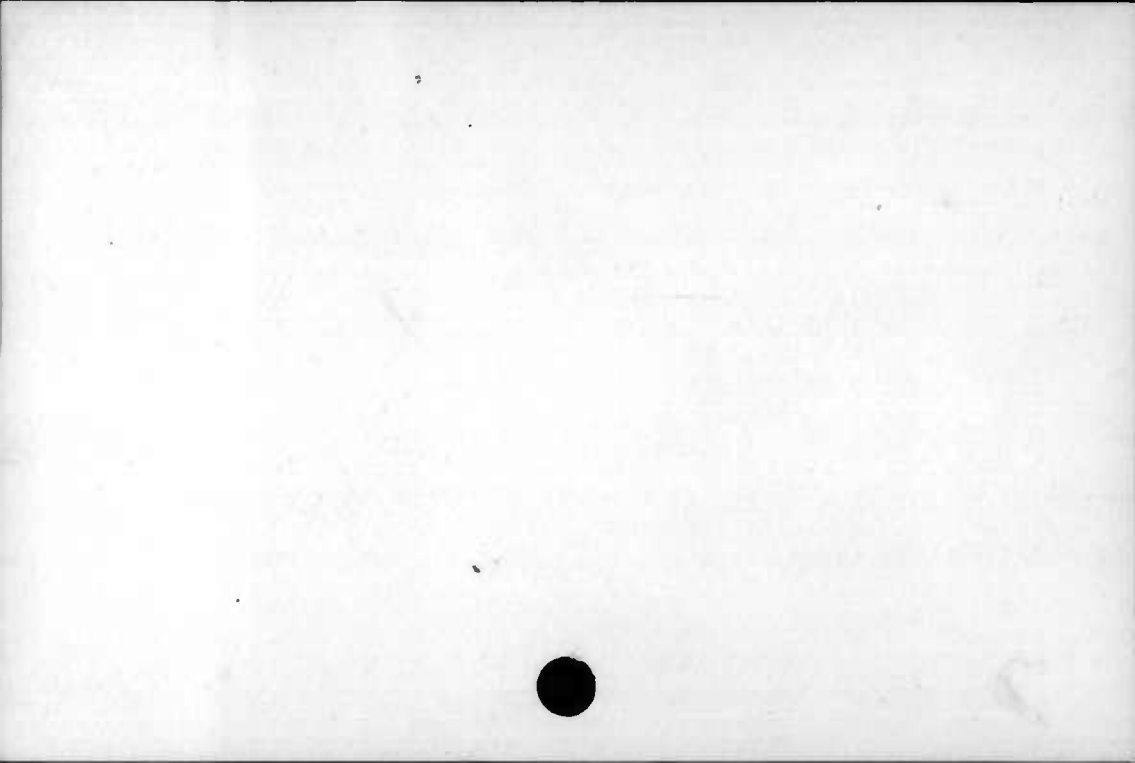
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician *A. D. Frothingham*

Address *Snow Hill - Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

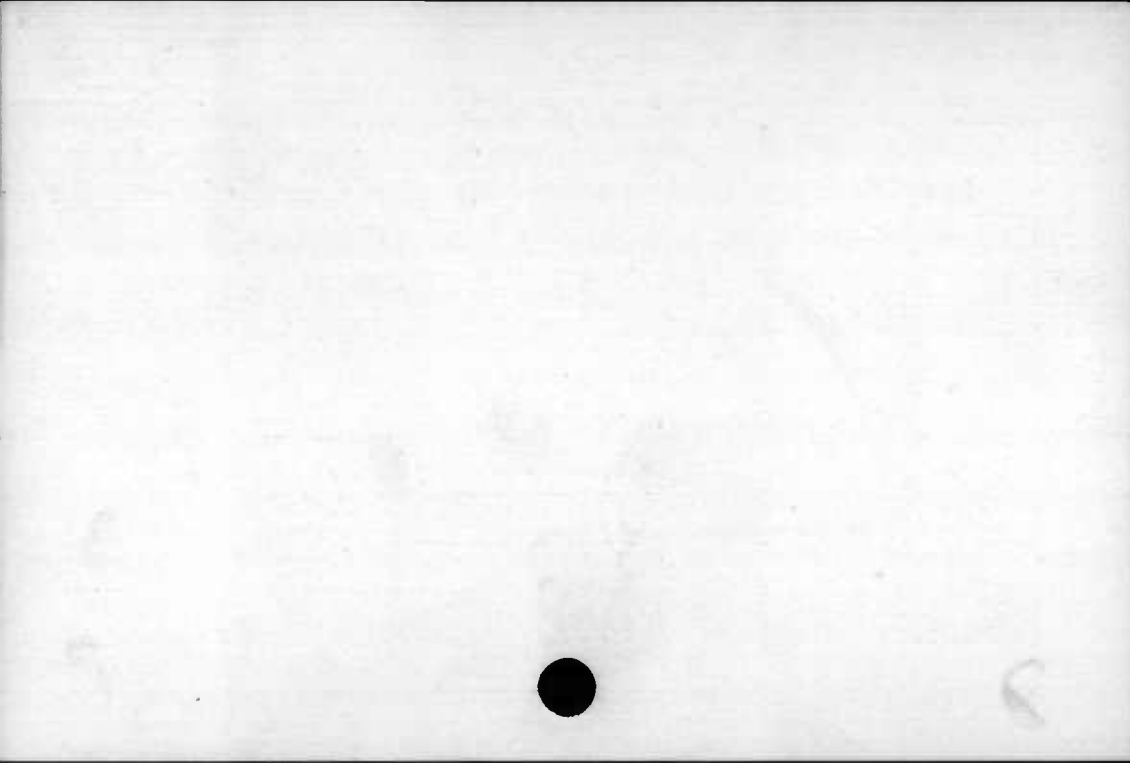
Died at		Town <i>Parmoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death		1907	Month <i>Dec</i>	Day <i>8</i>	Age Years	Months <i>3</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>			Birth-place <i>Parmoke city</i>		
Occupation <i>Infant</i>				Where Residing if not at place of death <i>" "</i>			
Married, Single or Widowed <i>or</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ac Fleming</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Mary Gibbons</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Wm Smith</i>		How related to deceased <i>neighbor</i>					

CAUSES OF DEATH

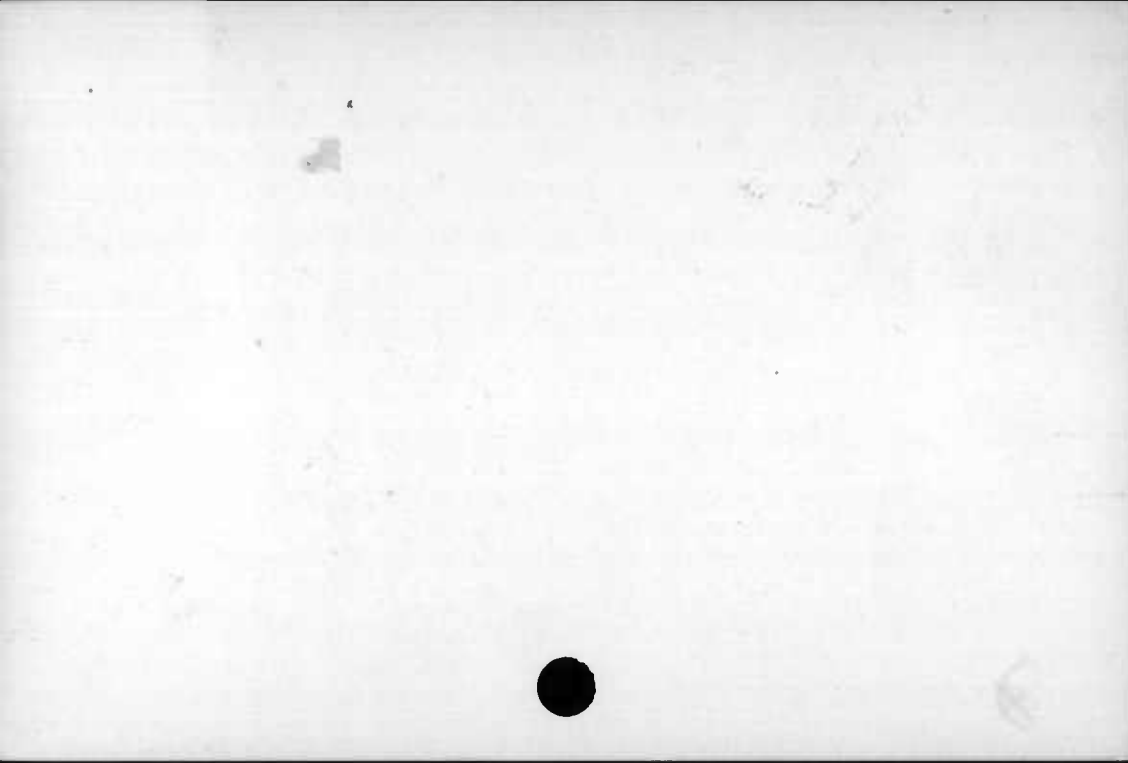
4

PHYSICIAN
OR CORONER

Primary	<i>Malama</i>	How long	<i>one day</i>
Immediate	<i>congestion Brain</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Samuel S. [unclear]</i>	
<input checked="" type="checkbox"/> Accident or Suicide?		Address <i>Parmoke city, Md</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH	
		Grannell				Worcester		MARYLAND	
Died at		near Snow Hill							
Date of death		1907		Month Dec	Day 24 th	Age —	Years —	Months —	Days 1
Sex		male		Color or Race		Blk		Birth- place	
Occupation				Where Residing if not at place of death				Wor. Co Md	
Married, Single or Widowed		—		Name of Wife or Husband		—			
Father's Name		Unknown				Father's Birthplace		Unknown	
Mother's Maiden Name		Jennie Grannell				Mother's Birthplace		Wor. Co, Md	
Name of person giving In formation		James Waters				How related to deceased		Uncle	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">151</div>									
Primary		Immature Birth				How long		1 day	
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		Paul Jones	
						Address		Snow Hill	
								Md	
Accident or Suicide?		—							



Name
in
Full

Parker J. Hickman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

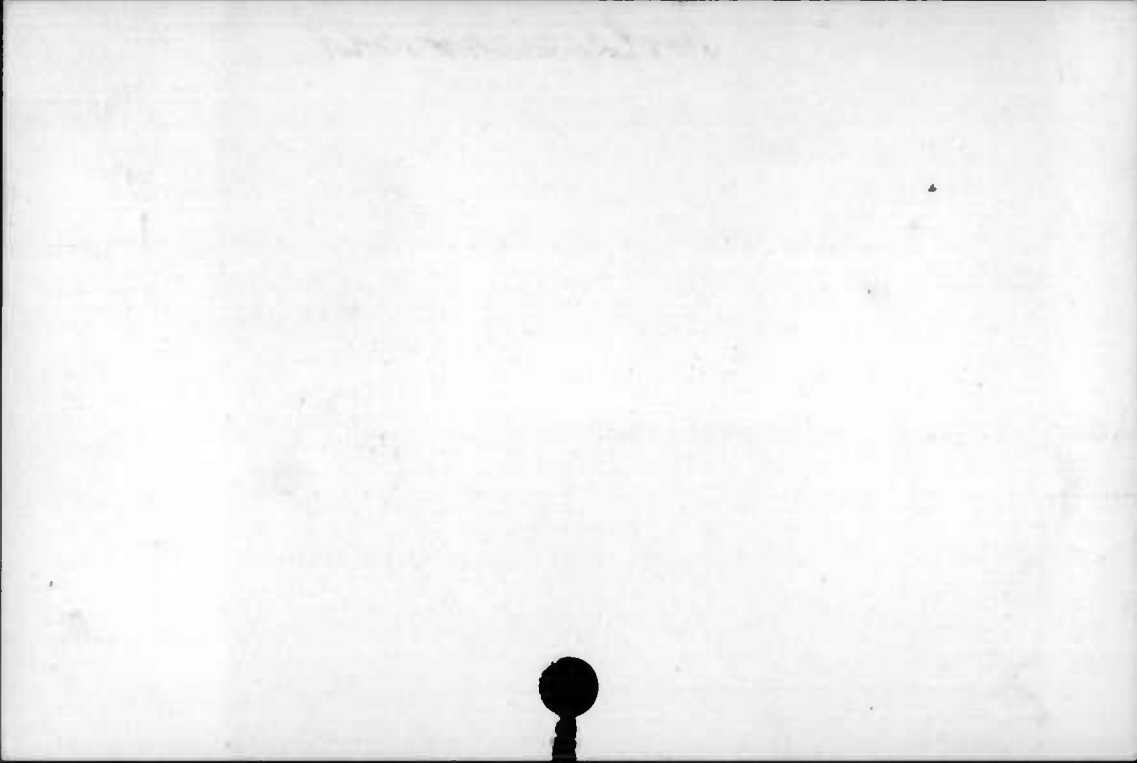
Died at <u>Berlin</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	Dec	Day	9
Sex	Male	Color or Race	White	Age	83
Occupation	Farmer		Birth-place	Eng	
Where Residing if not at place of death	—				
Married, Single or Widowed	Widower		Name of Wife or Husband	Unknown	
Father's Name	unknown		Father's Birthplace	Md	
Mother's Maiden Name	unknown		Mother's Birthplace	Md	
Name of person giving information	J E Corse		How related to deceased	None	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Dissipation</u>	How long	<u>Several years</u>
Immediate	<u>Valvular disease of heart</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>As far as I know</u>	Signature of Physician	<u>James Pitts</u>
		Address	<u>Berlin, Md</u>
Accident or Suicide?	<input checked="" type="checkbox"/>		



Name
in
Full

Infant

Hollinsworth

CERTIFICATE OF DEATH

Died at Nework Town

Mor County

MARYLAND

Date of death 1907 Dec

Day

Age — Years

Months

Days

7 days

Sex male

Color or
Race

White

Birth-
place

Nework Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Dave Hollinsworth

Father's
Birthplace

Hoodford Conn

Mother's
Maiden Name

Virgie Lewis

Mother's
Birthplace

World Md

Name of person giving
In formation

C. W. Erickson

How related
to deceased

CAUSES OF DEATH

151

Primary

Pulmonary insufficiency

How long

1 week

Immediate

Failure of lungs to perform function

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. W. Erickson

Address

Berlin Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

11. 11. 11.



Name
in
Full

Houston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

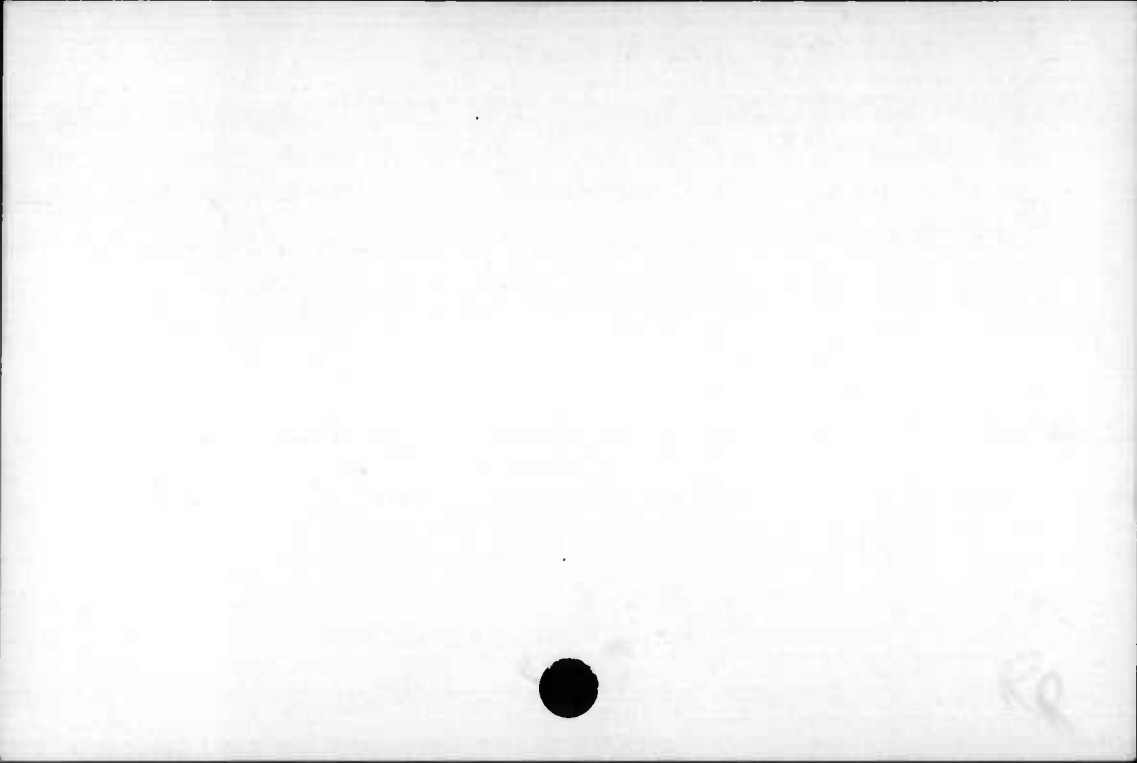
Died at <i>Stockton</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>Dec</i> Day <i>17</i>		Age Years		Months	Days <i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William H. Houston</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Helen R. Bessm</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Helen Houston</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Scitrus</i>	How long <i>4 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. D. Dickerson, M.D.</i>
	Address <i>Stockton</i>
	<i>Nov. Co. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

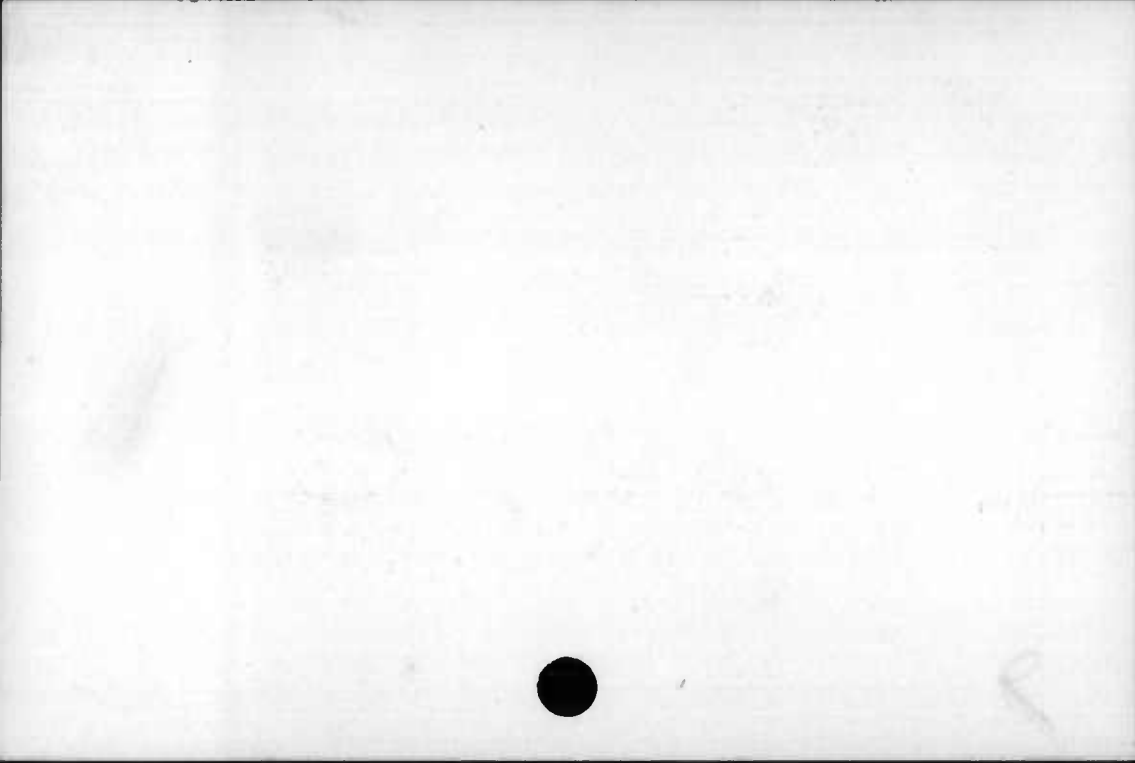
Died at		Township		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec	15	Age 77			
Sex	Female	Color or Race	White	Birth-place	End		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name		Samuel Jones		Father's Birthplace		End	
Mother's Maiden Name		Patty Jones		Mother's Birthplace		"	
Name of person giving information		Capt. James Jones		How related to deceased		Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	Several years.
Immediate	Phthisis Pulmonalis	How long	Several months
Are the name, age, sex, color, date and place correctly given above?		As far as I know	
Signature of Physician		J. W. Pitts.	
Address		Berlin, Md.	
Accident or Suicide?			



Name
in
Full

Lewis Lindsey

CERTIFICATE OF DEATH

Died at ^{Town} Snow Hill^{County} Harford

MARYLAND

Date of death 1907 Dec.

Day 13

Age 65 Years

Months

Days

Sex Male

Color or Race Colored

Birth-place Aunt Ann

Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife - Rosie Lindsey

Father's Name Samuel Boellick

Father's Birthplace Harford Co. Md

Mother's Maiden Name Mary Gundy

Mother's Birthplace Harford Co. Md

Name of person giving information Nancy Armstrong

How related to deceased Sister

CAUSES OF DEATH

104

Primary I do not know (Saw him only once)

Immediate Acute Gastritis

How long about 24 hours

Are the name, age, sex, color, date and place correctly given above? I think so

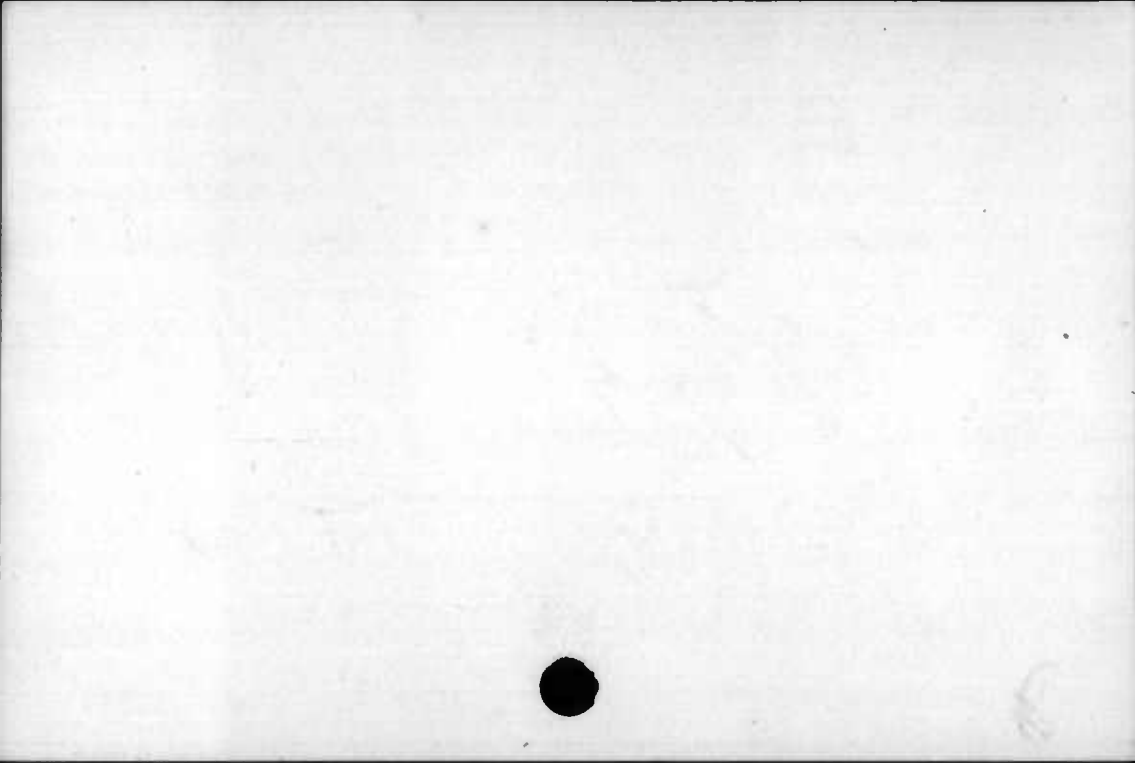
Signature of Physician John S. Adelotte

Address Snow Hill

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Savanna Martin

CERTIFICATE OF DEATH

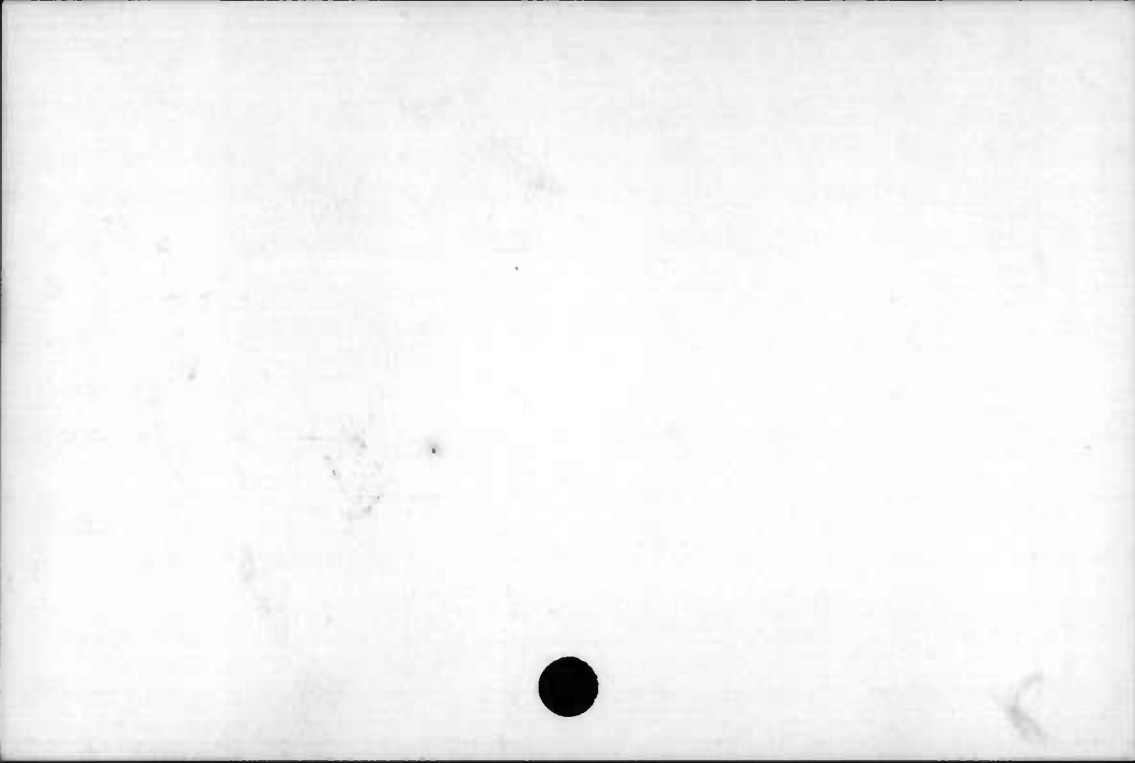
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Dec.	8	Age	12		
Sex	Female		Color or Race	Colored		Birth-place	Maryland
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Single							
Father's Name			Charles Martin		Father's Birthplace		
					Maryland		
Mother's Maiden Name			Bellie Dix		Mother's Birthplace		
Name of person giving information			Charles Martin		How related to deceased		
					Father		

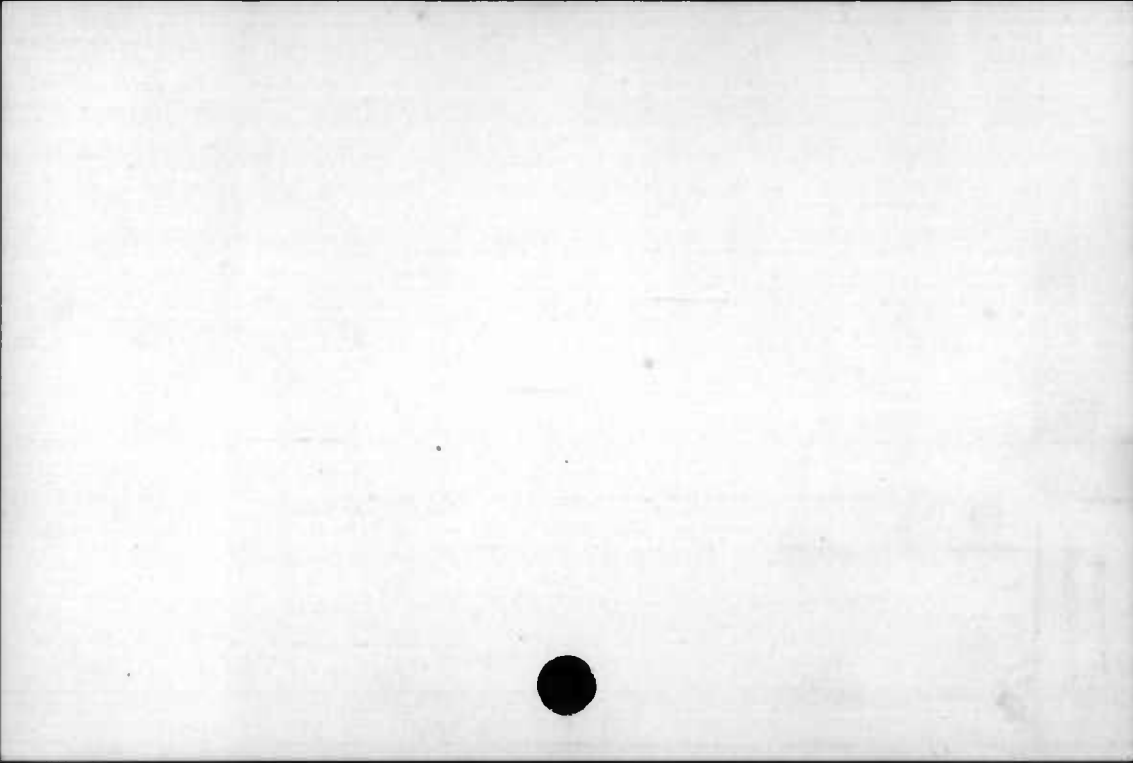
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	12 days.
Immediate	Intestinal Hemorrhage	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Jno. D. Dickerson M.D.	
Address		Stockton Md.	
Accident or Suicide?			



Name in Full Emma L F Pettitt		CERTIFICATE OF DEATH	
Died at Snow Hill ^{Town}		Worcester ^{County}	
Date of death 1907		Month Dec	
Day 21		Years 16	
Months 9		Days 18	
Sex female		Color or Race White	
Occupation -		Birth-place Ind	
Where Residing if not at place of death -			
Married, Single or Widowed -		Name of Wife or Husband -	
Father's Name Geo. M. Pettitt		Father's Birthplace Ind	
Mother's Maiden Name Annie Powell		Mother's Birthplace Ind	
Name of person giving information Geo. M. Pettitt		How related to deceased Father	
CAUSES OF DEATH			
Primary Typhoid fever		How long 7 weeks	
Immediate Intestinal perforation		How long 36 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John L. Riley	
		Address Snow Hill Ind.	
Accident or Suicide? No			



Name
in
Full

Aunie Pippin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

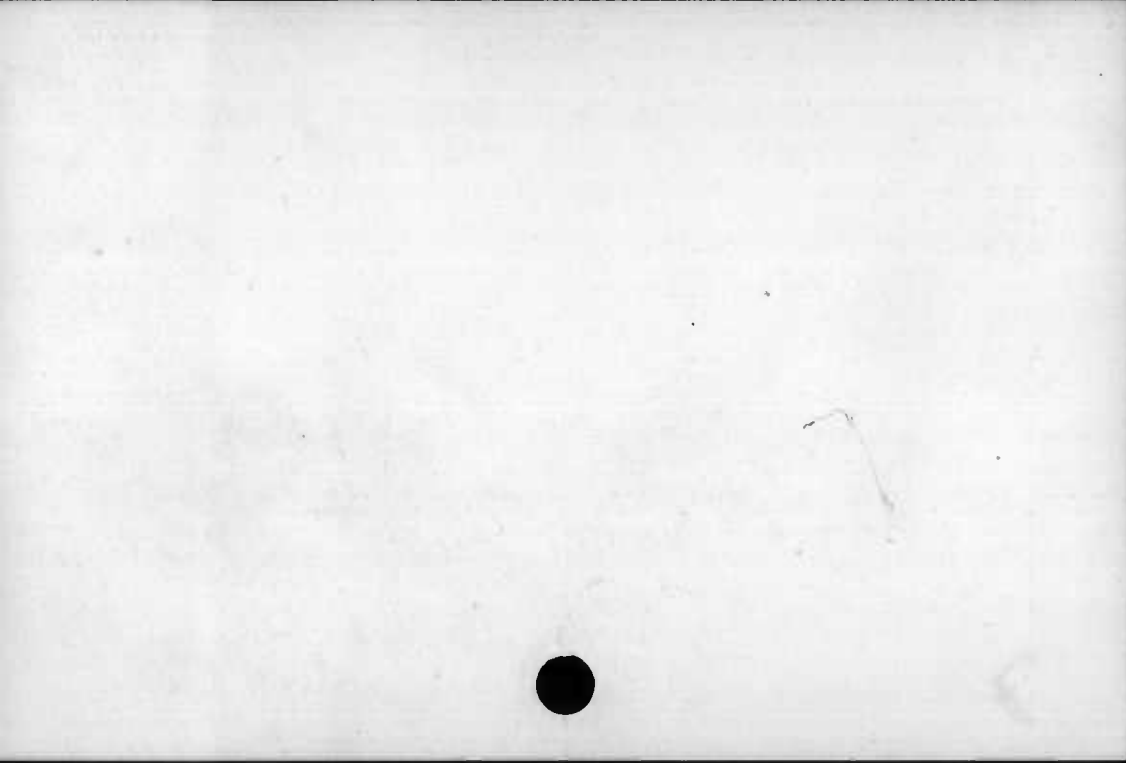
Died at ^{Town} Box 37		^{County} Worcester		MARYLAND	
Date of death	1907	Month	Dec	Day	8
Age		Years	61	Months	unknown
Sex		Female	Color or Race	White	Birth-place
Occupation		Housework	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Thomas Pippin	Father's Birthplace		
Mother's Maiden Name		Dallie McGee	Mother's Birthplace		
Name of person giving information		Eben Pippin	How related to deceased		

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Cirrhosis of liver & nephritis	How long	Unknown
Immediate	Heart failure	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			John L. Riley
			Address
			Brown Hill
			Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

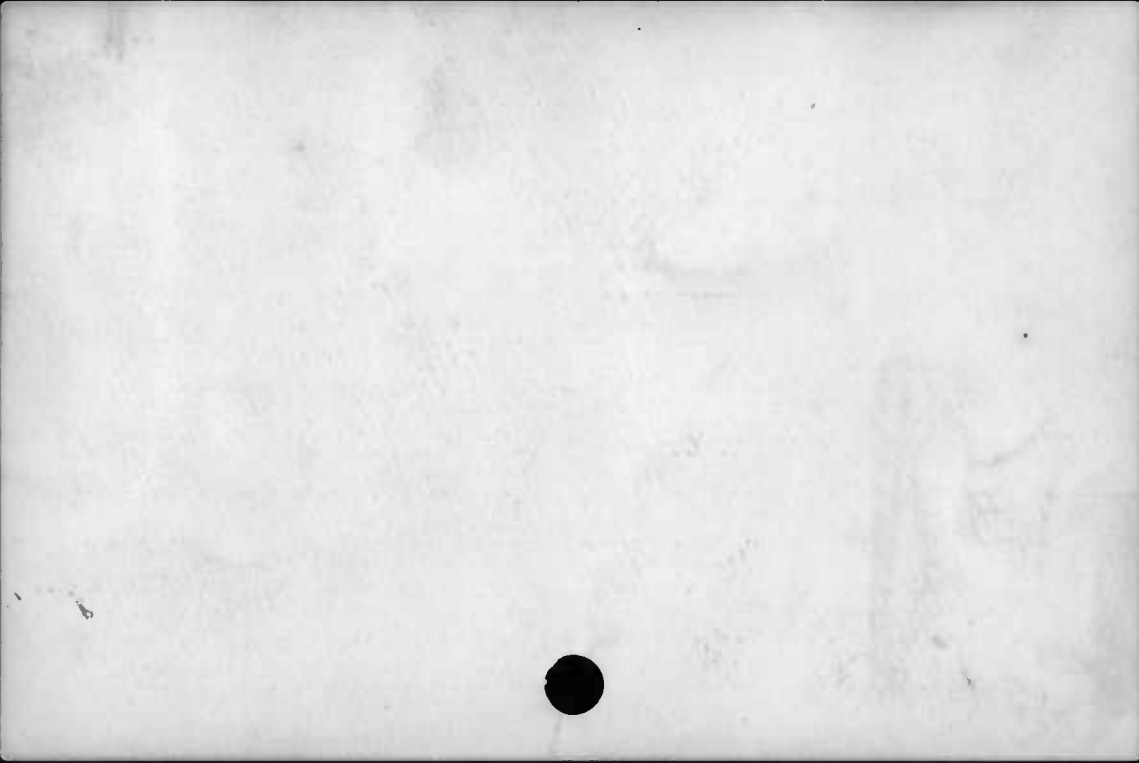
Name in Full <i>Hannah Richardson</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>Dec</i>		Day <i>13</i>		Years <i>12</i>	
Date of death <i>1907</i>		Month <i>Dec</i>		Day <i>13</i>		Months <i>2</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>		Days <i>2</i>	
Occupation <i>Immigrant Alms House</i>		Where Residing if not at place of death					
Married, Single <i>Widow</i> or Widowed <i>Single</i>		Name of Wife or Husband <i>Not known</i>					
Father's Name <i>Geo Richardson</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Gracey Richardson</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Jos. Trader</i>		How related to deceased <i>bro. in law</i>					

CAUSES OF DEATH

1374

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>Don't know</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John L. Riley</i>	
		Address <i>Snow Hill Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John A Shockley* Town *Snow Hill* County *Worcester* MARYLAND

Died at *Snow Hill* Date of death *1907* Month *Dec* Day *28* Age *61* Years Months *6* Days *18*

Sex *male* Color or Race *white* Birth-place *Ind*

Occupation *merchant* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Marjiah E Shockley*

Father's Name *Joshua Shockley* Father's Birthplace *Md*

Mother's Name *Tibitha Shockley* Mother's Birthplace *Md*

Name of person giving information *Wm Shockley* How related to deceased *Son*

CAUSES OF DEATH

91

Primary *Chronic Bronchitis with* How long *2 yrs*

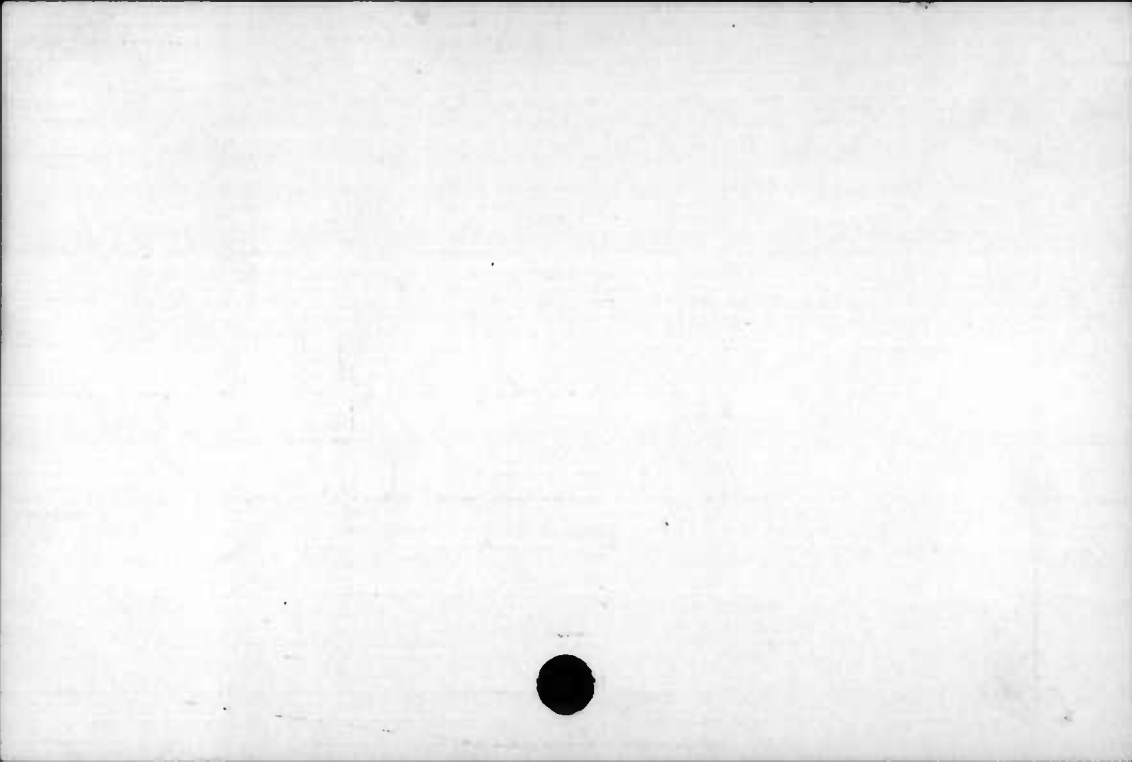
Immediate *Cardiac asthma* How long *1 yr*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Smith - child

Town *Heard Berlin* County *Winchester* MARYLAND

Died at *Heard Berlin*

Date of death *1907* Month *Dec* Day *30* Age *6* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

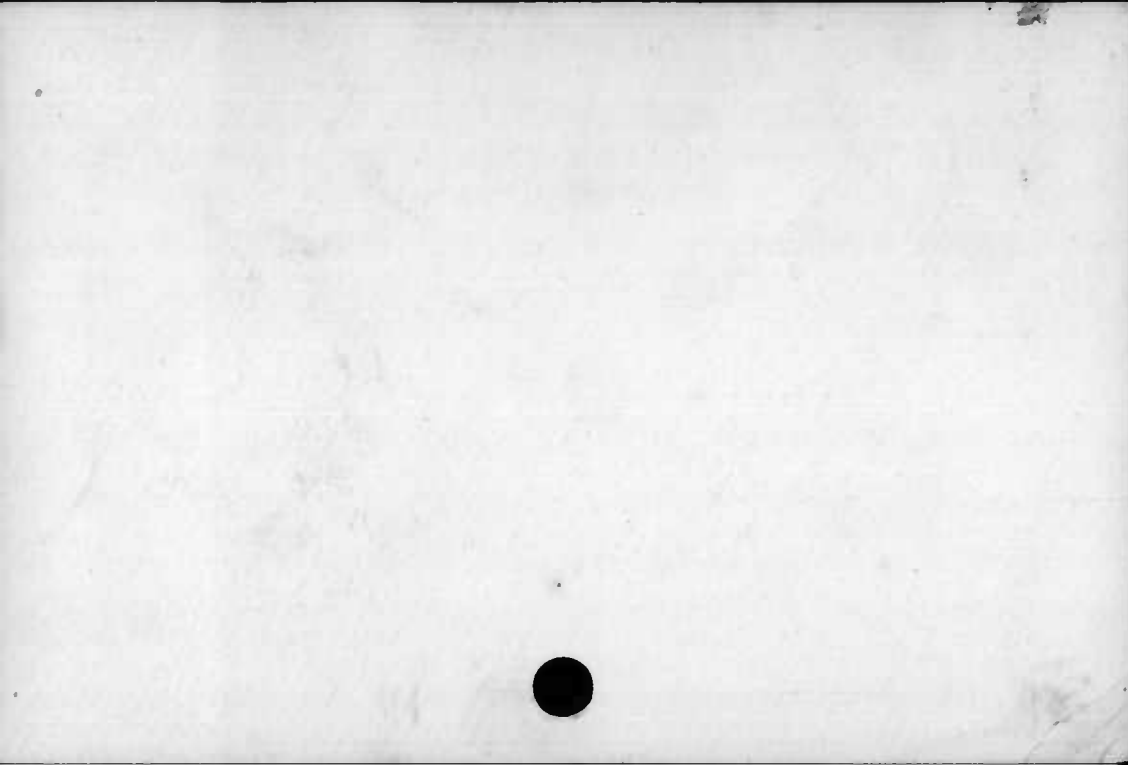
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Mr. L. S. in attendance**L. A. Masony*

Accident or Suicide?

*L. J. Evans**undertaker**O.K.*



Name
in
Full

Turkington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

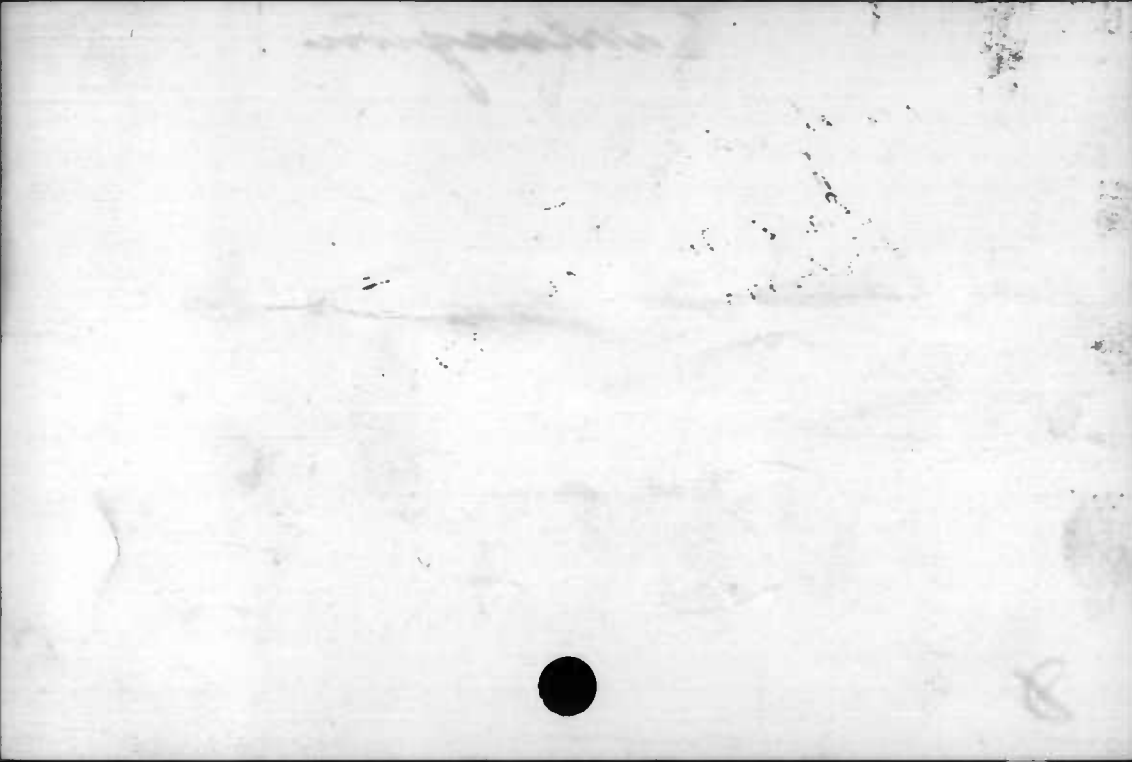
Died at <i>Pocomoke</i>		Town <i>Pocomoke</i>		County <i>Worcester</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Dec.</i>	Day <i>17</i>	Age <i>6</i>	Years <i>6</i>	Months <i>6</i>	Days <i>6</i>
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pocomoke</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Hazel Turkington</i>				Mother's Birthplace <i>Bergerie</i>			
Name of person giving information <i>Neighbors</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Hearting Cough</i>	How long <i>two weeks</i>
Immediate <i>Coughing & Spasms</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y A</i>	Signature of Physician <i>F. W. O. Smith M.D.</i>
	Address <i>Pocomoke Md.</i>
Accident or Suicide? <i>—</i>	<i>Maryland</i>



Name
in
Full

Ellen White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

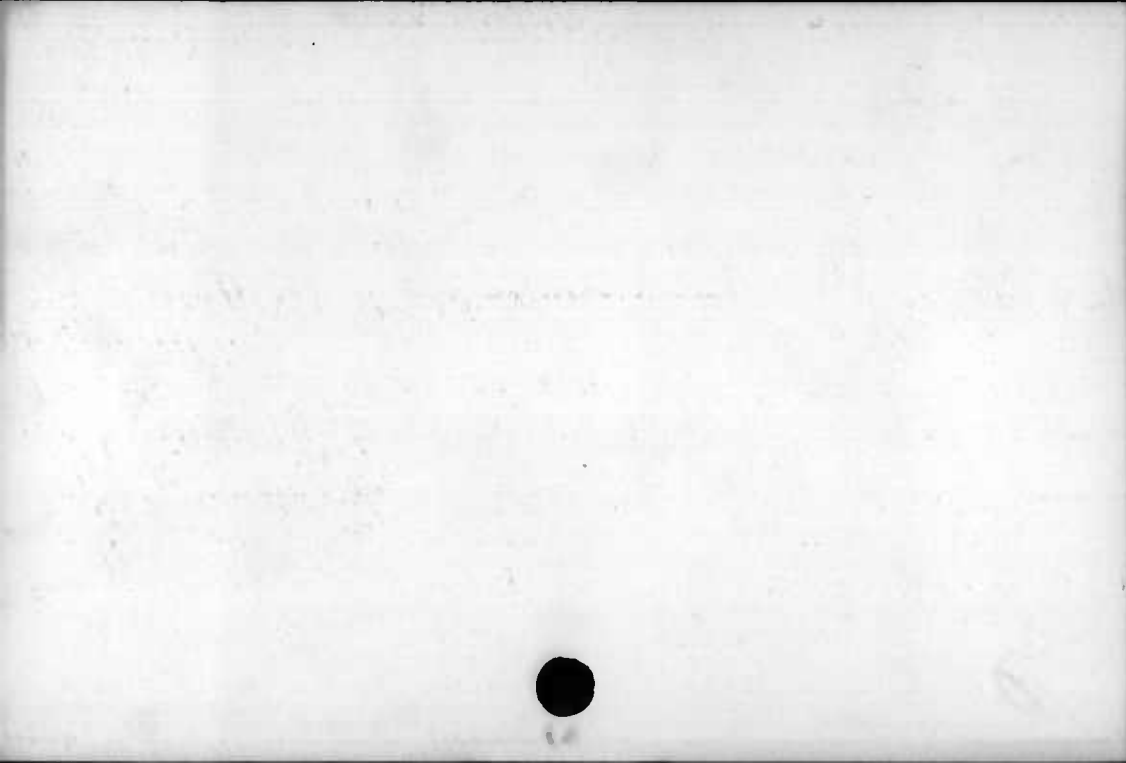
Died at		Town Pocomoke		County Worcester		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1907	12	1	33			
Sex	Female		Color or Race	Col.		Birth-place	md
Occupation	Dnrk		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Geo. White		Father's Birthplace		md.		
Mother's Maiden Name	Priscilla Stevenson		Mother's Birthplace		md.		
Name of person giving information	Edwin E. White		How related to deceased		Brother		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Unknown	How long	-
Immediate	Probably Paralysis from History given 2 hours		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. N. Willis		
<input checked="" type="checkbox"/>	Address		
	Accident or Suicide?		



Name in Full Mordella Wilson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Near Shickton ^{Town} Proverster ^{County}		MARYLAND
	Date of death 1907	Month 12	Day 15 - Age 8 Years Months Days
	Sex Female	Color or Race Black	Birth-place Md
	Occupation	Where Residing if not at place of death Md	
	Married Single	Name of Wife or Husband	
	Father's Name Lora Wilson	Father's Birthplace Md	
Mother's Maiden Name Map Asbury	Mother's Birthplace Md		
Name of person giving information Lora Wilson	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Burned to death	How long death	
	Immediate yes	How long Burned to	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. O. Payner Jr	
		Address Shickton Md	
	Accident or Suicide? accident		

